TPU \$ PTO/SB/21 (04-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/662,546

Filing Date 09/15/2003

First Named Inventor Mario Maes

Art Unit 3683

Examiner Name Robert Siconolfi

Attorney Docket Number 1316N-001677

| ENCLOSURES (check all that apply) | | | | | | | | |
|--|-------------------------------------|---|---|--------|---|--|--|--|
| Fee Transmittal Form | | Drawing(s) | | | er Allowance Communication to chnology Center (TC) | | | |
| ☑ Fee Attached | | Licensing-re | elated Papers | | peal Communication to Board of peals and Interferences | | | |
| Amendment / Reply | | Petition | | | peal Communication to TC peal Notice, Brief, Reply Brief) | | | |
| After Final | | Petition to Convert to a Provisional Application | | Pro | pprietary Information | | | |
| Affidavits/declaration(s) | | | ttorney, Revocation Correspondence Address | ☐ Sta | ntus Letter | | | |
| Extension of Time | e Request | Terminal Di | isclaimer | | her Enclosure(s) ase identify below): | | | |
| Express Abandonment Request | | Request for Refund CD, Number of CD(s) | | | Request for Continued Examination and Return Receipt Postcard | | | |
| ☐ Information Disclosure Statement | | | | | | | | |
| Certified Copy of Priority Document(s) | | Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. | | | | | | |
| Response to Miss Incomplete Applic | | | | | | | | |
| Response to Parts under 3 1.52 or 1.53 | | | | | | | | |
| | SIGNA | TURE OF APP | LICANT, ATTORNEY, O | R AGEN | IT | | | |
| Firm or Individual name Harness, Dickey & | | Attorney Name Michael J. Schmidt | | | Reg. No. 34,007 | | | |
| Signature | /h/h | | 1 | | | | | |
| Date | April 12, 2005 | | | | | | | |
| | CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | |

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| Typed or printed name | Michael J. Schmidt | | Express Mail Label No. | EV 570 162 525 US (4/12/2005) |
|-----------------------|--------------------|---|---------------------------|-------------------------------|
| Signature | nh | 1 | Date | April 12, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality's governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|---|---|--|----------------------------|--|-----|--|
| 1 | Effective on 12/0 Fees pursuant to the Consolidated Appro | 8/2004. priations Act. 2005 (H.R. 4818) | Complete if Known | | | |
| 0 | S EEE TO A N. | | Application Number | 10/662,546 | | |
| ı | FEE TRANS | SMITTAL | Filing Date | 09/15/2003 | | |
| × | for FY 2 | 2005 | First Named Inventor | Mario Maes | | |
| ľ | ☐ Applicant claims small entity s | tatus. See 37 CFR 1.27 | Examiner Name | Robert Siconolfi | | |
| I | | | Art Unit | 3683 | | |
| 1 | TOTAL AMOUNT OF PAYMENT | (\$) 910 | Attorney Docket No. | 1316N-001677 | | |
| | METHOD OF PAYMENT (check | all that apply) | | | | |
| ı | ☐ Check ☐ Credit Card ☐ M | Ioney Order None | Other (please identif | ý): | | |
| ı | □ Deposit Account Deposit Account | unt Number: 08-0750 | Deposit Acc | ount Name: Harness, Dickey & Pierce, P.L.C. | | |
| ١ | For the above-identified de | eposit account, the Director is | hereby authorized to: | (check all that apply) | _ | |
| | Charge fee(s) indica | ated below | ☐ Cha | rge fee(s) indicated below, except for the filing fee | | |
| | Charge any addition | nal fee(s) or underpayments of | of fee(s) 🛛 Cred | dit any overpayments | | |

FEE CALCULATION

information and authorization on PTO-2038.

Under 37 CFR 1.16 and 1.17

| 1. | BASIC FILING, SEARCH, AND EXAMINATION | FEES | |
|----|---------------------------------------|--------------|-------------------------|
| | FILING FEES | SEARCH FEES | EXAMINATION FEES |
| | Small Entity | Small Entity | Small Entity |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card

| | 3 | Small Entity | | Small Entity | | Small Entity | |
|------------------|----------|--------------|----------------|--------------|---------|--------------|----------------|
| Application Type | Fee (\$) | Fee(\$) | <u>Fee(\$)</u> | Fee(\$) | Fee(\$) | Fee(\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| | | | | | | | |

2. EXCESS CLAIM FEES

| 2. EXCESS CLAIM FEES | | Small Entity |
|--|----------|---------------------|
| Fee Description | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Multiple dependent clair | ns | | | | 360 | 180 |
|---------------------------|-----------------------------|---------------|---|---------------|---------------------|---------------|
| Total Claims | Extra Claims | Fee(\$) | | Fee Paid (\$) | <u>Multiple Dep</u> | endent Claims |
| 20 or HP= | <u>0</u> × | | = | <u>0</u> | Fee (\$) | Fee Paid (\$) |
| HP = highest number of to | tal claims paid for, if gre | ater than 20. | | | | |
| Indep. Claims | Extra Claims | Fee(\$) | | Fee Paid (\$) | | |

- 3 or HP≈ Х 0 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) = 0 / 50 = (round up to a whole number) x Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE &790; One Month Extension of Time \$120

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|-------|----------------|---|
| nhone | (248) 641-1600 | ┪ |

<u>910</u>

SUBMITTED BY Registration No. Signature 34.007 Telec (Attorney/Agent) Michael J. Schmidt Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to line (and by the OSF TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.